

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	✓	69607	6-15-00
O.I.P.E. CLASSIFIER		10	6-12-00
FORMALITY REVIEW	✓	64934	8-21-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ = Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	6-15-00
2	✓	✓	6-15-00
3	✓	✓	6-15-00
4	✓	✓	6-15-00
5	✓	✓	6-15-00
6	✓	✓	6-15-00
7	✓	✓	6-15-00
8	✓	✓	6-15-00
9	✓	✓	6-15-00
10	✓	✓	6-15-00
11	✓	✓	6-15-00
12	✓	✓	6-15-00
13	✓	✓	6-15-00
14	✓	✓	6-15-00
15	✓	✓	6-15-00
16	✓	✓	6-15-00
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42	✓	✓	6-15-00
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46	✓	✓	6-15-00
47	✓	✓	6-15-00
48	✓	✓	6-15-00
49	✓	✓	6-15-00
50	✓	✓	6-15-00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions

staple additional sheet here

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